

City of Kingston Tree Commission
420 Broadway
Kingston, NY 12401



P: 845-334-3955
F: 845-334-3958
planning@kingston-ny.gov

TREE REMOVAL/PRUNING PERMIT

Location: _____
(street address, nearest intersection, SBL)

Property Owner: _____

(name, address, phone #, email)

Individual and/or company doing the work: _____

Contact Information: _____

(phone number, company mailing address, email)

Description & Reason for work: _____

Tree type being removed/pruned: _____

Dates and Duration: _____

* Photos should be submitted to support the request

* Certificate of Insurance should be submitted and filed with the City of Kingston prior to commencement of work

By signing this application you are acknowledging that the Tree Commission needs to review and approve your request prior to work being done. If there are any conditions attached to the approval, the owner is responsible to comply with those conditions within 1 year of the date of approval.

_____ Signature of Property Owner	_____ Print Name	_____ Date
_____ Signature of Applicant	_____ Print Name	_____ Date

This Section for Office Use Only

Date received: _____

Approved: ☐ Date : _____

Conditions of Approval: _____

Denied: ☐ Reason for denial: _____

Signature of reviewer: _____